

PTO/SB/82 (09-03)

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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/017,250
Filing Date	12/14/2001
First Named Inventor	FALBO, Michael G., Sr.
Art Unit	3764
Examiner Name	CROW, Stephen
Attorney Docket Number	MED070/105770

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 24030

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 Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

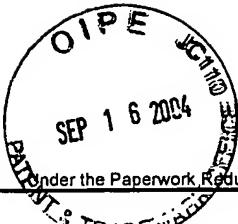
Name	Marty Smoler		
Signature			
Date	8/26/04	Telephone	816 474-1555

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 2 forms are submitted.

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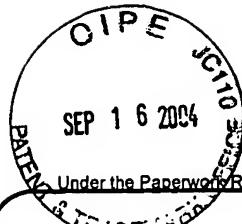
**SIGNATURE of Applicant or Assignee of Record**

Name	Michael G. Falbo, Sr.		
Signature			
Date	8-25-04	Telephone	816-474-1555

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number Filing Date First Named Inventor Art Unit Examiner Name	10/017,250 12/14/2001 FALBO, Michael G., Sr. 3764 CROW, Stephen		
Total Number of Pages in This Submission	3	Attorney Docket Number	MED070/105770

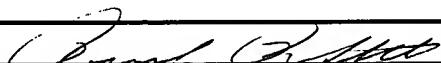
ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Remarks</div>	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):

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### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	RICHARD P. STITT
Signature	
Date	9/11/2004

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	DARLA FAULHABER	
Signature		Date <span style="border: 1px solid black; padding: 2px;">9/11/2004</span>

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